



**TEMPLE ISRAEL SISTERHOOD
MEMBERSHIP APPLICATION
JULY 2021-JUNE 2022**

Name: _____ Birth Month & Day: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell: _____

Email: _____

| | | |
|--------------|-------------------------------|------|
| COST: | Temple Israel Membership..... | \$36 |
| | Non-Member Membership..... | \$45 |
| | Chai Society Membership..... | \$72 |

YOUR OPTIONS:

- o Complete your application at tisisterhoodorlando.org/membership and to pay, click the link at the bottom of the form. Enter Membership in the Notes section. *OR*
- o Mail your completed application and check to: Roberta Schreiber, Membership VP
884 Kersfield Circle
Heathrow, FL 32746

SURVEY:

What works for you? Please check all that apply.

Socially distanced in person session _____ Zoom call _____

Speakers _____ Special Interest Group _____ Type _____

Activities _____ Type _____

Would you help on a short term project? _____ Type _____

Would you be interested in serving on the Sisterhood Board or on a committee? _____

THANK YOU FOR YOUR SUPPORT!